Approved for use through 09/30/2010, OM8 0661-0032
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	e on 1208/2004. ted Appropriations Act. 2005 (H.R. 4818). ANSMITTAL FY 2009					e if Known		
				Application Numbe				
				Filing Date		March 14, 2007		
For				First Named Invent	***************************************	Stephen John Kent		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	Amy E. J	Amy E. JUEDES		
				Art Unit	1644			
TOTAL AMOUNT OF PAYMENT (\$) 960.00				Attorney Docket No	5. [00704.80	00704.8010.US00		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify);								
Deposit Account Deposit Account Number: 50-2283 Deposit Account Name: PERKINS COIE U.P.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s) V Credit any overpayments								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FI	=೬೦ ೮ pali Entity	EAR	H FEES E Small Entity	IOITANIMAX: Smail	Entity	_ = = = = = = = = = = = = = = = = = = =	
Application Type	Fee.(\$)	<u>Fee (\$)</u>	ee (\$)	Fee (\$)	Fee (\$) Fee	<u>: (\$)</u>	Fees Paid (\$)	
Utility	330	165 5	540	270	220 11	.0		
Design	220	110 1	100	50	140	0 .		
Plant	220	110 3	330	165	170	i5 -		
Reissue	330	165 5	540	270	650 32	.5		
Provisional	220	110	Ü	0	0)	0 .		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)								
Fee Description Fee 191 Fee 191 Each claim over 20 (including Reissues) 52 26								
Each independent claim over 3 (including Reissnes) 220							110	
Multiple dependent cla	oli i a sa sa saka	. 0.6	390	195				
Total Claims - 20 or HP =	extra Claims	<u> </u>	ree	Paid (\$)		ultiple Depen Fee (\$)	Fee Paid (\$)	
HP = highest number of total ci	aims paid for,		<del></del>		,			
	xtra Claims		Fee !	Paid (\$)	,	***************************************		
HR = highest number of independent daims said for; if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (8)								
Other (e.g., late filing surcharge): Three Month Extension of Time (\$555); RCE (\$405) \$960.09								
SUBMITTED BY  Registration No. 10 Feet Property (202) 664 6200								
signature (Attorney/Agent) 46,311						Telephone (202) 654-6200		
Jame (Print/Type) Jessoy W. Ricigliano />						Date August 22, 2011		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to professy an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paters and Trademerk Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.